

2-9-04 NEW  
04-19506

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

T.O. MARCH 3  
DEADLINE 2/19/04

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: THE UNITED PROTECTIVE GROUP  
BUSINESS STREET ADDRESS: 14121 SW 15th CT DAVIE ZIP 33325  
BUSINESS MAILING ADDRESS: SAME ZIP \_\_\_\_\_  
BUSINESS PHONE: 786-423-0038 *DO NOT PUBLISH*  
DESCRIBE TYPE OF BUSINESS: SECURITY COMPANY *office only*  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor ☒ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>LEO LARKIN</u>	<u>14121 SW 15th CT</u>	<u>DAVIE 33325</u>	<u>(954) 423-9774</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number: \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

LEO LARKIN PRESIDENT  
Print Owner or Officers Name and Title

*Leo Larkin*  
Signature of Owner or Officer

<b>Office Use Only:</b> Date <u>2-9-04</u> Category <u>13501</u> Fee Exempt per Sec. 13-13 _____ Fee <u>115.76</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>04-19506</u>	Control # <u>15884</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u><i>Jat</i></u> Zoning <u>R-1</u> Date <u>2/9/04</u>
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b>	

*LOCATER 8062  
50-4015-01-0150 FL FRUITLANDS*

8/00 **OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**

\* \* \* \* \*

THIS PAGE  
INTENTIONALLY  
LEFT BLANK

\* \* \* \* \*